

PSCASN Agency Membership Application

Agency: _____

Agency Address: _____

Agency City, State, Zip: _____

Agency Phone: _____

Agency Website Address: _____

Agency CEO: _____

Accreditation Manager (If Any):

Accreditation Contact: _____

Contact Email: _____

Instructions:

Please complete this membership application, and you will be invoiced for \$50 per agency / per year. Your agency / members will have access to a wide variety of services and membership privileges.

Mail or email completed application to:

Mary Sue Robey
C/O Valley Communications Center
27519 108 Avenue SE
Kent, Washington 98030
marysuer@valleycom.org